



# UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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CONFIRMATION NO. 1790

Bib Data Sheet

SERIAL NUMBER 09/839,690	FILING DATE 04/20/2001 RULE	CLASS 359 398	GROUP ART UNIT 2633	ATTORNEY DOCKET NO. TI-31429
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**APPLICANTS**

Robert C. Keller, Plano, TX;  
Jose L. Melendez, Plano, TX;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLN CLAIMS BENEFIT OF 60/234,074 09/20/2000 Yes, DS

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** None, DS**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 06/14/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	TX	5	24	3
Verified and Acknowledged	<i>David Sun</i> Examiner's Signature	Initials			

**ADDRESS**

23494

**TITLE**

Optical wireless communication system with multiple receivers

FILING FEE RECEIVED 912	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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<b>APPLICANTS</b> Robert C. Keller, Plano, TX; Jose L. Melendez, Plano, TX;					
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/234,074 09/20/2000 AND CLAIMS BENEFIT OF 60/234,086 09/20/2000 AND CLAIMS BENEFIT OF 60/234,081 09/20/2000 AND CLAIMS BENEFIT OF 60/233,851 09/20/2000 AND CLAIMS BENEFIT OF 60/271,936 02/26/2001					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/14/2001</b>					
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY TX	SHEETS DRAWING 5	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3
<b>ADDRESS</b> 23494					
<b>TITLE</b> Optical wireless communication system with multiple receivers					
FILING FEE RECEIVED 912	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:				<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit